KENNY C. GUINN
Governor

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID

MICHAEL J. WILLDEN
Director

CHARLES DUARTE
Administrator

DRUG USE REVIEW (DUR) BOARD

Location of Meeting
1150 E. William Street, Hearing Room A
Carson City, Nevada

Videoconferencing
101 Convention Center Drive Suite 250, Hearing Room A
Las Vegas, NV

Meeting Minutes
December 16, 2004
Time: 1:00 PM

Committee Members Carson City:
David England, Pharm.D., Chairman
Keith Macdonald, R.Ph.

Amy Schwartz, Pharm.D. (Called In)
Marjorie Uhalde, M.D. (Called In)
Steven Parker, M.D. (Called In)
Lori Winchell, R.N. (Called In – 1:15pm)

Others Present:
Carson City:
Coleen Lawrence DHCFP, Vickie Langdon DHCFP, Nancy Davis DHCFP, Darrell Faircloth AGO, Jeff Monaghan, Pharm.D., FHSC, Shirley Hunting FHSC, Jake Mater Sanofi Aventis, Michael McMahon Consumer Direct Personal Care, Slater Sparks Mylan Bertek, Jean Cronin Astra-Zeneca, Laurie Squartsoff Eli Lilly, Cheryl Blomstrom JK Belz, Bert Jones GSK

Las Vegas:
John Palliser BMS, Sedrick Spencer Roche, Guli Teffin Esai, Lisa Wilson Johnson & Johnson, Kris Drews Astra Zeneca, Alan Sloan Purdue, Kathryn Keller Purdue, Lori Howarth Berlex, Megan Bender HMA

I. Call to Order and Roll Call

Chairman, David England called the meeting to order at 1:05 p.m. Roll call was taken.

II. *Discussion and Approval of September 23, 2004 Minutes

Motion: Keith Macdonald motioned to accept the minutes as written.
Seconded: Amy Swartz
Votes: Unanimous
Motion carried.

III. Discussion of Proposed Educational Program for Prescribers, Nurses, and Pharmacists-"Fiscal Pharmacology of the Atypical Antipsychotics: Getting the Biggest Bang Out of the Bucks"
Stephen M. Stahl, M.D., Ph.D., Program Chair, Neuroscience Education Institute

Coleen Lawrence stated that the educational material (provided by Dr. Stephen Stahl and sent to Committee members) is being included as a discussion item. Last March, the Committee was presented this information through testimony and the State had agreed to disseminate it to the members of the DUR Board. Currently, there is no funding to support this educational program, but it is being presented to the board for approval of the content should financial support become available.

Dave England stated that he liked the program format and asked what the restrictions are for industry funding or should it be strictly funded by the State or program attendees.

Ms. Lawrence said that in the past, there has been funding from manufacturers but they are required to work through UNR's continuing education program on a contract basis.

Dave England stated similar educational programs presented in 2002 were well attended and added that he feels one of the goals and responsibilities of this committee is to bring this type of educational information to practitioners so they gain a better understanding of the DUR Board's review process. He requested funding be pursued for this program.

Dr. Parker asked who this program would be taught to and will the same format be used to teach this subject. Dave England stated that this program would be available to all practitioners (physicians, pharmacists, nurses, physician assistants and anyone having to do with antipsychotics or mental health). A similar format would be used gearing the information toward Nevada numbers rather than Medi-Cal information.

Jeff Monaghan reinforced that Nevada's data would have to be infused into this program to make it meaningful. He asked that, in terms of direction, as support and funding through unrestricted educational grants of this program are pursued, would it be the committee's desire to have it held in both northern and southern Nevada.

Keith Macdonald stated that some of the invitees should be the people that appeared here on behalf or in opposition to the step therapy process. Depending

on how many attendees, he added that it should be held at both ends of the state as going to a continuing education program in a distant location can be expensive and hard to accomplish.

Dave England requested consideration be given to have these type of educational programs available on DVD, CD or the Web for those located in rural areas of the state who cannot attend but could benefit from this information.

Ms. Lawrence stated that the State has access to videoconferencing through all the rural health centers and it could be set up through Desert Research.

Public Comment
None

IV. * Recommendation from Board Regarding Agenda Item III.

Motion: Keith Macdonald recommended that every attempt should be made to have this continuing education available and motioned to accept and pursue funding for this program.
Seconded: Lori Winchell
Votes: Unanimous
Motion Carried.

V. Proposal from First Health Services to Apply Quantity Limitation Edits to the Following Drugs:

A. Anzemet
B. Emend
C. Kytril
D. Zofran
E. Copaxone
F. Duoneb
G. Duragesic
H. Flovent
I. Lovenox
J. Neupogen
K. Rebif
L. Serevent Diskus
M. Synagis
N. Xopenex

Jeff Monaghan presented a table (attached) listing quantity edit recommendations for the above listed drugs. A review of paid claims indicates that providers are experiencing some problems and confusion regarding the correct billing quantities for these drugs resulting in overpayments due to over-billing. The problem involves the billing units; e.g., Lovenox. When billing for Lovenox, the total volume of drug dispensed should be entered as the quantity versus entering the number of syringes. The maximum quantity limitation edit would compare the quantity billed against an upper limit. If the upper limit is exceeded, the claim process would stop at that point with a message to the pharmacy that the quantity

needs to be adjusted. He clarified for Dave England that this is a billing issue, and the proposal is not to put quantity limitations on these drugs due to utilization, but to set an upper billing limit.

Dr. Parker asked (using Lovenox as an example) if there would be a problem if a 40mg vial was not available and a 40mg and 30mg vial were used for a 70mg dose. Jeff Monaghan stated the quantity limits apply on a per-strength basis. The system does not look at the two different strengths and combine those quantities.

Dave England asked how practitioners are notified when these types of recommendations are made.

Coleen Lawrence stated that DUR Board recommendations are presented and approved at another public meeting that follows the DUR Board meeting. DUR Board recommendations are drafted into chapter policy and posted on the web giving the 30-day notice to the providers and public. Changes are not enacted until the public hearing occurs and the recommendations are formally approved. DHCFP has a web site which has all the chapter manuals and is currently working on a pharmacy-specific site. First Health also has a web site with all of the pharmacy information regarding changes as well as P&T, DUR Board and MAC program information. There are links between the DHCFP and First Health sites.

Keith Macdonald asked if there are specific pages addressing questions like those products that would be on quantity limitations so a provider could go to a page for this type of information.

Ms. Lawrence said that the chapter is set up to include an appendix for each specific area such as quantity limitations, prior authorization requirements, gender specific limitations.

Dave England stated that he was concerned regarding the funding required to send out letters but was not aware of how many may not have access to the internet.

Jeff Monaghan said that a letter regarding the most recent edits recommended by the DUR Board was sent to all prescribers and pharmacies. The letter did not give details of the edits but said that these new edits for the stated drugs were going into effect on December 1, and referred them to the website for details. He stated that he wasn't sure if the point has been reached to not send a letter to notify providers to refer to the website. He asked Keith Macdonald what the Pharmacy Board's experience has been on electronic notification.

Mr. Macdonald replied that first year of re-licensure, there was 20% use with a slight increase this year. The secured site for doctors to view the Controlled Substance Abuse Task Force is currently operating at about 30% of the practitioners.

Ms. Lawrence stated that on the medical side, practitioners are requested to go to the website for First Health or to the State website to obtain information. The

State Board of Pharmacy has also been utilized to broadcast fax information to all pharmacies.

Dave England recommended that in any correspondence sent to practitioners, include a reminder referencing the webpage for details.

Amy Swartz stated that many practitioners in community practice do not have access to the internet at work.

Public Comment
None

VI. * Action by Board to Recommend Implementation of Quantity Limitation Edits Included in Agenda Item IV.

Motion: Dr. Parker motioned to implement quantity edit limitations as presented.
Seconded: Lori Winchell
Votes: Unanimous
Motion carried.

VII. Presentation of Prospective Drug Utilization Review (Pro DUR) Reports- First Health Services

A. Top 50 Drugs Ranked by Payment Amount
B. Top 10 Therapeutic Classes by Payment Amount
C. Cost Avoidance/Savings Report August-October 2004
D. ProDUR Message Report August-October 2004

Jeff Monaghan reviewed the ProDur reports (attached). In reviewing the top 50 drugs ranked by payment amount, he noted that most of the dollar activity is in the antipsychotic/psychotropic arena. In terms of dollar volume, four of the top seven drugs are antipsychotics; six of the top eight are psychotropic-related with aripiprazole (Abilify®) moving up rapidly. In the top 10 therapeutic classes ranked by payment amount, the antipsychotics have increased by 17% versus a year ago. The antipsychotic/atypical/D2 partial antagonist class consists only of Abilify which has increased from $1.1 million/year a year ago to $2.4 million this year resulting in a 110% increase. There continues to be rapid and dramatic increase in the antihemophilic factors. The current Rx count has increased by 30%; the dollar amount has increased by 140%. The number of patients involved which create this type of expense is a dozen or less.

Dave England asked if this is strictly in patients with antihemophilic disorders or is it also being used for trauma situations.

Jeff Monaghan stated that this consists of outpatient infusion center use, typically chronic diagnosed hemophilia.

Jeff Monaghan presented the Cost Avoidance/Savings and ProDUR Message reports (attached).

VIII. Discussion of Drug Utilization Review Reports by Board

Public Comment
No Comment

IX. Presentation of Retrospective Drug Utilization Review (Retro DUR) Results
- A. Duplicate Antihistamines
- B. Oxycodone Dose >180 mg/day
- C. ACE Inhibitors with Potassium Supplements
- D. Zolpidem Duration of Therapy > 35 days
- E. Hydrocodone Compound Dose > 60mg/day
- F. Acetaminophen 650mg(&Combos) > 4grams/day
- G. Duplicate SSRIs
- H. Duplicate NSAIDs, Salicylates, & Cox-2 Inhibitors

X. Discussion of Retrospective Drug Utilization Review Results by Board

Jeff Monaghan presented the results of the RetroDUR for June, July and August 2004 (attached). The report includes the criteria description, the number of profiles generated, the number of profiles which received letters, number of letters (a profile can generate more than one letter depending on the amount of physicians involved), number of responses and the response rate (physicians complete a response form which includes free-form comments as well as a predefined numerical response). Based on received responses, the majority of respondents find the information useful/very useful. Re-review will be conducted on the same criteria six months following the initial review.

Dave England requested that a proposed list of the top 10 or 20 drug interactions to be monitored next year be presented to the committee at the next meeting for consideration.

Keith Macdonald requested an impact report on the re-reviews be presented at the next meeting.

XI. Old Business

A. Update from First Health Services Regarding Implementation of Denials for ProDUR Severity Level One Messages

Jeff Monaghan stated that at the last meeting, the committee recommended the implementation of actual denials on severity level one messages. He asked the committee if denials should be applied on all claims or only where multiple pharmacies are involved.

After discussion, Dr. England agreed that the committee is recommending the requirement of a response on all severity level one ProDUR messages regardless of whether or not a pharmacy's system may have already

flagged them about the issue. He also recommended that a notice be sent to pharmacies informing them of the change and effective date.

Dave England asked how the public is notified that these types of reviews are conducted to protect patient safety. He suggested flyers could be posted in pharmacies.

Ms. Lawrence stated that information is usually disseminated to different agencies such as Welfare, as they have direct contact with the patient. It is difficult to coordinate mailings or web-based messages with the recipient population. She will review the option of informational flyers or signage in pharmacy locations.

Dave England requested for review at the next meeting data on the PA approval rate and geriatric issues as reported in the ProDUR Message Report.

Keith Macdonald said he would like to review the option of alternating the meeting locations between the north and south of the state and be in attendance in one location for the public as well as the committee.

Dave England agreed that the ability of the committee would be enhanced by rotating meetings between the north and south. He also suggested for future meetings, presenters include reviews/evaluations for best practices and guidelines for the products they are supporting. This will assist the committee in their decision process.

XII. Public Comment

No Comment.

XIII. *Adjourn

Motion: Keith Macdonald motioned for adjournment.
Seconded: Dr. Parker
Meeting adjourned at 2:03 p.m.